

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33743

State File No. ....

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2467

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>310 Oak Manor La.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 Oak Manor La.</u>		d. STREET ADDRESS (If rural, give location) <u>310 Oak Manor La.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>J.</u> c. (Last) <u>McMahon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 7, 1894</u>	9. AGE (In years last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rating Specialist</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rating Specialist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>V. A. Admin.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John McMahon</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Barrett</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma M. McMahon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma M. McMahon 310 Oak Manor La. W. G.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of gall bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>4 yrs.</u>
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19a. DATE OF OPERATION <u>7/24/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of gall bladder; cholelithiasis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 4, 1952, to Sept 23, 1952, that I last saw the deceased alive on Sept 23, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles Silverberg, M.D.</u>		23b. ADDRESS <u>15 N. Brentwood Blvd.</u>		23c. DATE SIGNED <u>9/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. HOFFMEISTER COLONIAL MORTUARY 646 Chippewa St., St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-24-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		5X (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Charles Silverberg  
15 N. Brentwood Blvd.,  
DE 0276

3-4:30 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*James C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.